



PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD			Application or Docket Number 2003-IP-010160U1
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CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	48	minus 20 = * 28
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 = * 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEES
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEES
	\$ 740
x \$ 18 =	504
x 84 =	0
+ _____ =	
OR TOTAL	1244.00

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 55	Minus	** 48 = 7
Independent (37 CFR 1.16(b))	* 4	Minus	*** 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x \$ 18 =	126
x 86 =	86
+ _____ =	
OR TOTAL ADDIT. FEE	212.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	** =
Independent (37 CFR 1.16(b))	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	** =
Independent (37 CFR 1.16(b))	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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